

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

VEHICLE ACCIDENTS

Purpose

The purpose of this chapter is to assure all accidents involving state owned, leased, or rented (except through an EERA) equipment are reported properly and in a timely manner. Areas covered include:

- Introduction and General Information
- Procedures for Vehicles
 1. What to do in case of an accident and when should an accident be reported
 2. What forms are used and for what type of vehicles
 3. Where to Submit Forms - Forms Matrix
 4. Personal Vehicle use for State Business

Introduction and General Information

This section does NOT apply to vehicles rented under an EERA, specifically suppression or incident-related rentals. Accidents with EERA vendor-supplied and operated equipment are the responsibility of the vendor. Any relief from damage arising from such an accident will be dealt with through the claims process.

Employees requiring information or assistance should contact Risk Management at (907) 465-2180 or the Division of Forestry Procurement Specialist at (907) 269-8461. All accidents or incidents which create a possible claim against the State of Alaska must be reported promptly by the employee citing date, time, location, names of those involved, and witnesses. Include any other information that is available. The report should be reviewed, approved, and signed by the Area or Regional Forester.

There is a difference between “Automobile Liability Coverage” and automobile Physical Damage (Collision) Coverage. The State of Alaska is “Self-Insured” and does not provide “Automobile Physical Coverage” for State-owned vehicles. This means that Risk Management does not pay for the repairs of a damaged State-owned vehicle resulting from any cause including an accident. The repairs of a State-owned vehicle are the responsibility of the Department/Division to which the vehicle is assigned, and are handled by the Department of Transportation and Public Facilities (DOT&PF) according to their established procedures. Risk Management would only cover a State-owned vehicle if the damage occurred while contained inside an insured building. The vehicle then becomes insured contents. The coverage is only for the peril of fire and has a \$1,000.00 deductible, which is paid by the agency. The State of Alaska does provide “Automobile Liability Coverage” which would cover a non-state or private vehicle involved in an accident with a State vehicle.

DOT&PF is responsible for normal wear and tear on state-owned vehicles, but agencies may be responsible for repair of damage due to other than normal wear and tear.

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Major claim notices should have a completed Supervisor's Accident Investigation Report attached. These reports are used to identify hazardous conditions or practices, and will aid in preventing future accidents.

Passengers not engaged in State business are not to be allowed as passengers in State vehicles. Non-state business passengers in your personal vehicle are not covered by the State.

All State employees are cautioned to **never accept liability**, nor make any statements alluding to guilt, nor furnish information on accidents to unauthorized persons. Obtain names and addresses of witnesses on all potential liability claims.

Procedures for Vehicles

State-owned Vehicles

If a State-owned vehicle is involved in an accident, the State employee (the driver) must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #12-466 (1/85). List owner as State of Alaska
5. If damaged equipment is a total loss, a Lost-Stolen-Damaged Form #02-627 must be used

Leased Vehicles

A leased vehicle would be defined as a vehicle with a long term lease from a dealer in lieu of a State-owned vehicle. The State of Alaska does not provide Collision Coverage for State-leased vehicles. The repairs of State-leased vehicles are the responsibility of the Department/Division assigned the vehicle.

If a leased vehicle is involved in an accident, the State employee must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #12-466 (1/85) List owner as State of Alaska

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Rental Vehicles

Generally, rentals are most often with a commonly recognized national auto rental company. For insurance purposes, there are two distinct classifications of auto rentals:

1. A mandatory contract exists for rental vehicles in the cities of Anchorage, Fairbanks, and Juneau with Budget. The contract specifies that the vendor will be responsible for both the physical damage and liability coverage (subject to their policy limits) for the rental vehicles. Not all vehicles rented from the contract holder are covered under these rules. They do include sedans and some small SUV's or a mini-van. Other vehicles and/or situations may be exempt from these contract requirements. Check specifically for off-road use limitations.
2. All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan.

If a rental vehicle is involved in an accident, the State employee must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury), the report must be filed within 10 days to the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Any accident report required by the rental agency.
5. For out-of-state please follow applicable state guidelines.

Emergency Equipment Rentals With Operator

The vendor is responsible for filling out any paperwork that satisfies municipality or state requirements. A report to the police should be made if there are any injuries or if damage exceeds \$2,000. Please follow the above-listed items 1-3. If a vehicle sustains damage, document the damage on the Vehicle/Heavy Equipment Inspection Checklist #OF-296 (or a separate piece of paper) and keep it with the equipment packet.

Please see Chapter 11 for more information on the claims process.

Where to Submit Forms

All accidents or incidents involving State-owned, leased, or rented equipment (**NOT equipment hired through an EERA**), must be reported to:

1. Immediate supervisor
2. Regional Forester or Regional Fire Management Officer (FMO)

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All applicable forms will be routed through the Regional Administrative Assistants:

- Northern Region – Karen Gordon
State of Alaska/Dept. of Natural Resources/Div. of Forestry
3700 Airport Way
Fairbanks, Alaska 99709-4699
- Coastal Region – Michelle Demaline
State of Alaska/Dept. of Natural Resources/Div. of Forestry
101 Airport Rd.
Palmer, Alaska 99645

Copies to:

1. State of Alaska/Dept. of Natural Resources/Div. of Forestry
550 W. 7th Ave., Suite # 1450
Anchorage, Alaska 99501
Attn: Procurement Specialist
(907) 269-8461
2. Department of Natural Resources/Division of Administrative Services/Property Officer
550 W. 7th Ave., Suite #1230
Anchorage, Alaska 99501-1361
Attn: Debbie Denny
(907) 269-8665
(907) 269-8909 fax
3. State of Alaska/Risk Management
P.O. Box 110218
Juneau, Alaska 99811-0218
(907) 465-2180

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Personal Vehicle Use for State Business

Liability - Alaska Statute requires all drivers to have auto liability insurance and establishes minimum amounts of coverage. Anyone using his or her personal vehicle on State business must have liability insurance. Not all insurance companies cover personal vehicles used for business purposes. It is the employee's responsibility to be aware of their policy limitations.

In the event of an accident, your personal liability insurance will cover damages and medical expenses to another party up to the maximum amount of your liability coverage.

The State of Alaska will cover any liability exposure in excess of your own liability coverage, except in certain areas indicating improper performance as determined by the Attorney General's Office (e.g., driving while intoxicated).

Most insurance companies include incidental business use of a personal vehicle in their standard policy. Considerable or frequent business use may require an endorsement to your policy. Consult your insurance company for more information.

Collision - Your own collision insurance, if any, covers damage to your own vehicle while on State business. The State does not insure any physical damage to your vehicle while on State business. If another party is at fault you may be able to recover your damages through legal action brought by yourself or your insurance company on your behalf. The State of Alaska will not participate in any legal action brought on your behalf to receive damages as a result of an accident involving your personal vehicle while on State business.

Worker's Compensation - Any injury resulting in lost work time or medical expenses to a driver or other State employees riding as passengers while on official State business, will be handled as routine worker's compensation claim.

Notification of Claims or Accidents - You are required by State law to notify the Department of Public Safety for any accident involving personal injury or damage totaling \$2000 or more. In addition to this, if you have an auto accident while on State business, you are required to complete a Liability Accident Notice (02-919), and forward it to the Area/Region office.

Passengers - Non-state business passengers in your personal vehicle are not covered by the State in any way.

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STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☒ Auto ☐ Other

DEPARTMENT <u>Natural Resources</u>		SECTION <u>10</u>		LOC. CODE		DIRECTOR <u>Chris Matsch</u>	
DIVISION <u>Forestry</u>		REGION <u>Coastal</u>		LOC. NAME		SUPERVISOR <u>Mike Curran</u>	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME <u>Owl</u>		FIRST NAME <u>Woody Z</u>					
ADDRESS <u>P.O. Box 133, Anchorage AK 99504</u>		ZIP <u>99504</u>		RESIDENCE PHONE <u>907-333-3333</u>		BUSINESS PHONE <u>907-761-6233</u>	
WHERE CAN EMPLOYEE BE CONTACTED? <u>907-761-6233</u>		WHEN? <u>Mon-Fri 0800-1630</u>					
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS <u>5/31/xx 1130 P.M.</u>		LOCATION OF ACCIDENT (INCLUDING CITY & STATE) <u>Atwood Bldg Anchorage AK</u>		POLICE TO WHOM REPORTED <u>N/A</u>			
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY) <u>While parking in the parking garage, hit a concrete beam with front fender on passenger side causing damage to the right bumper.</u>							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY	
VEHICLE NO. <u>33333</u>		YEAR <u>2000</u>		MAKE <u>Chevrolet</u>		MODEL <u>15 Pass Van</u>	
VIN (VEHICLE IDENTIFICATION NO.) <u>11G-HA9-48439</u>		PLATE NO. <u>33333</u>					
STATE OWNED <input checked="" type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR		PHONE			
NAME OF DRIVER <u>Woody Z Owl</u>		AGE <u>40</u>		ADDRESS OF DRIVER <u>P.O. Box 133, Anchorage AK 99504</u>		PHONE <u>907-333-3333</u>	
WAS DRIVER A STATE EMPLOYEE? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE <u>Transporting Passengers to Airport</u>		USED WITH PERMISSION? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
DESCRIBE DAMAGE <u>Front right Bumper and Fender</u>		REPAIR ESTIMATE <u>\$200.00</u>		WHERE CAN VEHICLE BE SEEN? <u>Palmer Forestry Office</u>		WHEN? <u>Mon-Fri 0800-1630</u>	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE	
OWNER <u>N/A</u>		ADDRESS		PHONE			
OTHER DRIVER () SAME AS OWNER		ADDRESS		PHONE			
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED <u>YES</u> <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE		REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?			
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
<u>N/A</u>							
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH. OTHER VEH. OTHER	
WEEKS							
WITNESS		WITNESS		WITNESS		WITNESS	
NAME <u>John Hawkeye</u>		ADDRESS <u>P.O. Box 120, Wasilla AK 99564</u>		PHONE <u>907-345-6102</u>			
REMARKS <u>I was a passenger in the said vehicle when the accident occurred. Statements are true.</u>							
DATE <u>5/31/xx</u>		REPORTED BY <u>Woody Z Owl</u>		REPORTED TO <u>Mike Curran</u>		SIGNATURE (PREPARED BY) <u>[Signature]</u>	

02-919 (03/06)

ONE COPY - RISK MANAGEMENT

SECOND COPY - AGENCY FILES

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STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property V-33333 driven by Woody Z Owl

Job or Activity at Time of Accident Driving passengers to airport Date of Accident 5/3/0x

Exact Location Parking garage at the Atwood Building, Time 1130am

1. WHAT HAPPENED? While parking in the parking garage, hit a concrete beam with the front right fender, damaging bumper and fender.
Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. WHY DID IT HAPPEN? Could not maneuver into parking space correctly due to other vehicles parking to close an angle, obscuring vision.

Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.

OPERATION FACTORS TO BE CONSIDERED:

Proper Equipment	Proper Material	People
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. WHAT SHOULD BE DONE? Choose parking space without concrete beam obscuring vision of other vehicles
What action(s) will prevent similar accidents in the future?

4. WHAT HAVE YOU DONE THUS FAR? Counseled Mr. Owl on cost to State of repairs and on fact of being more cautious next time.
Take or recommend action, depending on your authority.

5. HOW WILL THIS IMPROVE OPERATIONS? Fewer cases of vehicle damage will result in less cost to the State
How will it help us meet our objective - ACCIDENT PREVENTION?

6. WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?

Cost of lost wage and medical expenses? 0

Damage to State property or equipment? \$2000.00

Damage to third parties, property and people? 0

TOTAL \$2000.00

Investigated By A Hipschmidt, Trans. Manager Date 5/4/0x

Unit/Division/Department Coastal Zone / Forestry / Natural Resources

FORMS\INVESTIG

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STATE OF ALASKA - DIVISION OF MOTOR VEHICLES

CERTIFICATE OF INSURANCE

CRASH INFORMATION	Crash Date: _____ Location: _____
DRIVER	Name: _____ Date of Birth: _____ License #: _____ State: <u>AK</u>
	Mailing Address: _____ Street or Box, City, State & Zip
OWNER OF VEHICLE	Name: _____ Date of Birth: _____ License #: _____ State: <u>AK</u>
	Mailing Address: _____ Street or Box, City, State & Zip
VEHICLE	Year: _____ Make: _____ Model: _____ License Plate #: _____ VIN: _____
INSURANCE	Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of Insurance Company: _____ Policy Number: _____
	Name and Address of Policyholder: _____ Policy Period: From _____ To _____
SIGNATURE	Your Signature: _____ Date: _____
Do not write below this line. The Division of Motor Vehicles will contact your Insurance Company.	

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed below. If indicated coverage was in effect at the time of the crash, no action is required.

REASON FOR DENIAL:

- | | | |
|---|---|--|
| <input type="checkbox"/> Policy Expired Before Crash | <input type="checkbox"/> Policy Number Given is Incorrect | <input type="checkbox"/> Lapse in Policy |
| <input type="checkbox"/> Policy Effective After Crash | <input type="checkbox"/> Driver Not Covered on Policy | <input type="checkbox"/> Other _____ |

Signature of Authorized Representative _____ Date _____

CUT ON LINE ABOVE. RETURN TOP PORTION ONLY.

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501.00, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR22 insurance); (4) a deposit of security and proof of future financial responsibility (SR22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR22 insurance), and pay a reinstatement fee of \$100.00 to \$250.00, in addition to the fee for the license you are requesting, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address will not invalidate the suspension if the notice was mailed to the last address you provided the driver's license office.

IMPORTANT: THE FORM ABOVE MUST BE FILLED IN AND SENT TO THE DIVISION OF MOTOR VEHICLES WITHIN 10 DAYS FROM THE DATE OF THE CRASH. A participant's accident report is also required if the crash was not investigated by a peace officer, and the total amount of damage exceeds \$501.00, or there was personal injury.

Mail Completed Form To:

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING
2760 Sherwood Lane, Suite B.
Juneau AK 99801**

JDL@admin.state.ak.us

www.state.ak.us/dmv/

466 REV. 11/2000

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